

LETTERS

The PharmD Degree in Developing Countries

To the Editor. A doctor of pharmacy degree program must have a multidisciplinary curriculum that produces pharmacists with sufficient mental acuity to differentiate their position from that of simply dispensers of drugs to that of providers of pharmaceutical care. The PharmD program in the United States is the epitome of the practice-based model as it evolved from industrial and compounding pharmacy to a more patient-focused program. Now, as there is an upsurge in clinical pharmacy, many developing countries have expanded their pharmacy curriculum to a 5- or 6-year program that issues a doctorate of pharmacy degree. However, it is still to be determined whether these countries are genuinely interested in a practice-based model or simply want their graduates to enroll in the US system. Let us look at the situation in various developing countries.

Recently, the Pharmacy Council of India (PCI) decided to introduce PharmD (post-bacclaureate degree) courses for the first time in the country in the coming academic year. This decision has been appreciated in a previous letter to the editor entitled "India to Introduce Five-year Doctor of Pharmacy program" in AJPE.¹ However, it is imperative to evaluate the state of pharmacy education in India before fully supporting this decision. There are more than 600 pharmacy institutes in India producing over 13,000 pharmacy graduates every year. Pharmacy practice experiences are more or less non-existent with particularly no emphasis on pharmacotherapeutics and clinical pharmacy. There may be exceptions like Jadavpur University and JSS College of Pharmacy.²

As the principal author of this letter and a former lecturer in one of the pharmacy colleges in Delhi, I want to share my experience and observation on the infrastructure of pharmacy colleges, especially those in north India. The pharmacy colleges are in a debilitating state. Their curricula are devised by highly non-technical personnel who have no idea about clinical pharmacy or pharmacy practice. Most of the pharmacy colleges do not have any alternatives to animal experiments as software for undergraduate education. However, they are busy producing postgraduates and PhDs, obviously in bulk. More or less all of the pharmacy colleges are recognized by PCI as well as the All India Council of Technical Education.

In Pakistan, a universal PharmD program has been started; however, questions have been raised regarding inadequacies within the curriculum. There are also

issues in terms of lack of experienced academicians and practice-based facilities. It is imperative to revisit these issues because, since its inception, pharmacy education in Pakistan has not contributed in any notable way to healthcare policy.³

In Iran, although implemented, the PharmD degree does not provide pharmacy students with clinical insight through active participation in patient care at the interdisciplinary level.⁴ According to Iranian academicians,⁵ pharmacy education and pharmaceutical services in Iran must be in accordance with social needs. In Korea, though the curriculum seems clinically orientated, the induction of a 6-year curriculum in pharmacy education is likely to cause educational inequality and may ignite a struggle for power between pharmacists and physicians.⁶

Clinical pharmacy promotes rationale drug use and plays an important role in patient care. However, in developing countries, clinical pharmacy is promoted as an isolated single entity and not related to a stable population-based pharmaceutical system.⁷ In the United States and in other Western countries where clinical pharmacy was established, a stable drug distribution system was in place in the hospitals and drug regulatory authorities were efficient. However, how developing countries will promote the PharmD degree and clinical pharmacy in the absence of good governance of pharmaceuticals it is still a question mark.

According to the International Pharmaceutical Federation (FIP), there must be well-planned execution of good pharmacy practice in developing countries. Thus, the implementation of the PharmD program must largely emphasize pharmaceutical care encompassing areas of patient care such as hospital and clinical pharmacy. It should not be used as a tool for the pharmacist to be employed internationally or as a sole instrument of professional power and status. If it is so, then implementation of the PharmD degree is certainly questionable and merits justification. We hope that the FIP as well as other national pharmacy councils would take heed of this situation.

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